24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check If 24-hour report 48-hour report New report Amends report filed on	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	
Mailing Address 100 Indiana Avenue, N.W.	09 28 2012
	ount
City State Zip Code Washington DC 20001	1075.25
Purpose of Expenditure Category/ O01 Office So	ught: House State:
	President District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama Check Or	
Calendar Year-To-Date Per Election for Office Sought Disburser 2012	ment For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	
Mailing Address 100 Indiana Avenue, N.W.	09 28 2012
	louit
City State Zip Code Washington DC 20001	815.70 nsaction ID : D454065
Purpose of Expenditure In Kind Staff Category/ Type 001 Office So	
Name of Federal Candidate Supported or Opposed by Expenditure:	President
TAMMY BALDWIN Check On	ne: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 97656.24 Disburser 2012	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 10	/ B B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	